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OFFICE OF SECRETARY
RULEMAKINGS AND
ADJUDICATIONS STAFF

Secretary
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Reference: Docket No. PRM-50-79

Dear Sirs:

The following comments are related to the proposed rulemaking filed by Lawrence T. Christian, et al.

Position statement:

Existing Local Plans and Procedures cover most of the proposals in the petition. Expansion of the current NRC regulations is careless and dangerous because of lack of proper research.

1. Proper dosage

The suggestion that K.I., potassium iodine, be distributed to nursery and day care centers is premature. The surgeon general has not determined the tolerance level for children nor has he determined the effectiveness of K.I. in infants or newborns. First the tolerance levels must be determined through extensive research and second, the FDA must endorse levels of ingestion that are at least statistically safe. That research could begin at once and hopefully be completed in 4-5 years of intensive study.

Current methods of gross prescription of K.I. are confusing. For example, a 200-pound person standing 6'5" is to ingest one tablet. A 30-pound infant is to get ½ tablet. Based on comparative weights, the infant would receive a dose 334% greater than the adult.

We are told in the petition that the thyroid glands of newborns and infants have less tolerance of Gamma radiation and therefore must conclude the sensitivity of a newborn's or infant's thyroid to K.I. could also indicate less tolerance. This unknown could have a deleterious effect on the health of masses of infants and newborns.

Combining the stress of a nuclear accident and evacuation with the heightened emotional level of the child also presents an unresearched effect and response by the biological subject, including but not limited to hasty ingestion and subsequent choking or

suffocation by the individual ingesting the K.I. The safety of newborns and infants ingesting K.I. is unknown and is also unknown for preschool age children. Additionally, the safest and best form (solid, liquid) of ingested K.I. is undetermined. Most medications for infants are liquid. Consequently the petition that suggests K.I. be made available to daycare and nursery children is careless and lacks research data. Safety is the primary consideration of all prescriptions.

2. Pre-emption of parental rights

The suggestion by the petition that the nursery or daycare conductor administer K.I. interferes with the right of the parent to determine the proper medical treatment at the time of the event. In emergency care, the option exists for the parent or guardian to choose the treatments offered. Such a right is removed from the parent by governmental insistence.

It would be possible for a parent or guardian to sign documents stating that their child should not be given K.I., but in an emergency, these directives for special handling may be easily forgotten or lost.

3. Need for evacuation

Evacuation is not always the action of choice if a nuclear accident should occur. In-house sheltering is one option that is frequently used in exercises, since the evacuation route is more dangerous. Prevention of contamination is the primary consideration when considering evacuation. If the contaminated area is not exposing the daycare or nursery, it would be less effective to transport out of the area than to create an in-house sheltering condition.

4. Constant flux in nurseries and daycare centers

The Off-site Response Organization(ORO) is continually updating the response plans to the changing community situation. Additionally, documenting the status of the special populations such as nurseries and daycare centers is difficult due to the continual change in the number of centers that are in or out of business and to changes in ownership. In one township, the entrance and exit of daycare and nurseries has been in excess of 30 % in the last 5 years. Additional local personnel would be required to track all changes in these facilities in order to control the distribution of K.I. Complicating the tallying of the daycare and nurseries is the lack of reporting requirement to the local governmental organizations.

5. Required training of daycare personnel

Training of nursery care and daycare operators in the proper response to a given threat would require a full time person in each emergency planning zone. The local Emergency Managers have a full schedule and could not monitor all the aspects suggested by Lawrence Christian in docket PRM 50-79. Employees of nursery and daycare facilities may change quite frequently. Given these changes, the local ORO's budget restraints preclude the incorporation of this type of program. The costs proposed in the petition would require funding by the NRC, Homeland Security, or other Federal program.

6. Lack of materials for training and funding for that training

Materials for teaching younger children must be custom made to explain at their level an evacuation must take place or a pill is good for prevention of radiation sickness. Some understanding by the victim must have occurred before the implementation of the emergency procedures. These types of teaching tools need to be created and tested. Specialized materials require additional funds. Where would these funds come from? Local Health departments are not staffed adequately in case of an emergency, as we saw in the Washington anthrax problem. Emergency services and established social assistance organizations were stretched very thin. Adding daycare and nursery responsibility in special population groups would further compound the staffing problems.

7. Lack of adequate transportation

In the event evacuation is required, the public contribution would be mass transportation in the form of school buses and emergency vehicles. Most emergency planning zones don't have extensive mass transit systems, as they are located in rural and less populated areas. Public mass transportation assistance to and from these areas is non-existent in most cases. In the event of a nuclear accident, the schools would be using all their buses to move the student population out of the contaminated area. Emergency vehicles such as ambulances, med-evac trucks and police vans would already be responding to the emergencies associated with the mass exodus of a population from an area. Daycare and nursery evacuation would need dedicated units available at all times to respond to an event. Taxpayers would not support this use of public funds for sparingly used buses and other vehicles.

8. Slowness of transportation

If a nuclear accident were to occur such as Three Mile Island or Chernobyl, the sequence of events would be rapid. Response time would be limited. Transportation for all daycare and nursery sites could be too slow for prevention of contamination. Removal from the effected area could increase the risk of exposure to radiation contamination.

8. Relocation centers

The petitioners declare the nursery and daycare operators do not know where the relocation centers are or what plans help guide them through evacuations. Relocations centers are predetermined in the ORO's plan and procedures. As such, the operators and parents should make an effort to find the location and travel to the relocation sites to view the facilities, entrance and exit routes. This information may be obtained from the Local Emergency Manager. During the emergency, the Public Information officer (PIO) will be issuing broadcasts every few minutes to keep the public informed as to location of relocation facilities, routing, and other progress reports available to the PIO.

9. Lack of flexibility in scripts

The creation of written scripts may be done to simplify the workload during an emergency, but the scripts fail to allow flexibility when human error, i.e. accidents, or other environmental features such as plume direction and speed occur.

10. Whose responsibility?

The evacuation of specialized populations of daycare and nursery children is the responsibility of operators and parents, not to be replaced by a governmentally enforced regulation.

Summary

Daycare and Nursery evacuation programs would be expensive and require fundamental baselines measuring the effects of chemical ingestion, evaluation of transportation availability and appropriateness. These should be established before preceding any further. Events occurring during the initial phase of the emergency will determine the appropriate response by the Local EOC Staff. Public information is available for those who are interested in knowing more of the Local, State, and National plans and procedures.

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